

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 10861-047948 STATE FILE NUMBER

AMENDED

FILED NOV 4 1967

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter LIBERTY TWP		Length of stay in 1b	c. CITY OR TOWN Lilbourn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Green Meadows Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lilbourn
3. NAME OF DECEASED (Type or print) First Jacob Middle A. Last Teeters			4. DATE OF DEATH Month November Day 6 Year 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) White Co., Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Teeters		13b. MOTHER'S MAIDEN NAME Helen Hamilton	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT John Teeters Address Parma, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary emboli DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Instant years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:49 Month, Day, Year Nov. 5, 1961 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lilbourn, Missouri	
21. I attended the deceased from October 26, 1961 to November 6, 1961 and last saw ^{her} him alive on Nov. 5, 1961 Death occurred at 1:49 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. C. Nottingham, D.O.		22b. ADDRESS 133 E. Stoddard St., Dexter, Mo.	22c. DATE SIGNED 12/13/66
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-8-61	23c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem.	23d. LOCATION (City, town, or county) (State) Lilbourn, Missouri
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 12/13/66	26. REGISTRAR'S SIGNATURE John A. V. Jenkins

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 DECEASED FILED ON THE BASIS OF A COURT ORDER FROM THE CIRCUIT COURT OF STODDARD COUNTY, MISSOURI
 AMENDED
 FILED
 NOV 4 1967
 REGISTERED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.